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TO: Commissioner for Patents
 FAX NO.: 703-872-9306
 FROM: Eamon J. Wall, Esq.
 DATE: April 20, 2004
 MATTER: Serial No. 09/911,591 Filed: July 24, 2001
 DOCKET NO.: DIVA/151CON1
 APPLICANT: Taylor, et al.

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

Petition
 Disclosure Statement & PTO-1449
 Priority Document
 Drawings (sheets) informal
 Response under 37 CFR §1.111

Transmittal Letter (2 copies)
 Fee Transmittal (2 copies)
 Deposit Account Transaction
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PTO/SB/21 (08-00)

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TRANSMITTAL
FORM

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TRANSMITTAL FORM		Application Number	09/911,591
		Filing Date	July 24, 2001
		First Named Inventor	Taylor, et al.
		Group Art Unit	2142
		Examiner Name	Geckil, Mehmet B.
Total Number of Pages in This Submission	/2	Attorney Docket Number	DIVA/151CON1

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request – 3 mo.	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Transmission
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks It is believed no fee is due. However, in the event a fee is due, kindly charge that fee to deposit account number 20-0782. To facilitate that charge, a duplicate copy of this letter is enclosed	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eamon J. Wall, Reg. No. 39,414
Signature	
Date	April 20, 2004

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